

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7	1						67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21	1						81						
22							82						
23							83						
24							84						
25	1						85						
26							86						
27							87						
28							88						
29	1						89						
30							90						
31							91						
32							92						
33	1						93						
34							94						
35							95						
36							96						
37	1						97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	72						TOTAL DEP.						
TOTAL	20						TOTAL						